MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27103

Do not use this space.

FILED AUG 1 1942

1. PLACE OF DEATH
(a) County Franklin
(b) Township or City Meramec-Sullivan,
(c) Registration District No. 114
Primary Registration District No. 4186
Registered No. 17
(d) Street No. O'Harwood Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emily Margaret Morris
(a) Residence, No. Sullivan, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Henry Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4th. 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	II	I4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) New York

FATHER
13. NAME James W. Wilson
14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary O, Toole
16. BIRTHPLACE (CITY OR TOWN) New York,
(STATE OR COUNTRY)

17. INFORMANT William H. Morris
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Sullivan, Mo. DATE July, 22, 1942

19. FUNERAL DIRECTOR (NAME) J.T. Williams,
(ADDRESS) Sullivan, Mo.

20. FILED 7-21-42 19 Gilbert Gilhaus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 18th. 1942

22. I HEREBY CERTIFY, That I attended deceased from July 15th. 1942, to July 18th. 1942
I last saw her alive on July 18th. 1942. Death is said to have occurred on the date stated above, at 10/20 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	July 15th. 1942

Other contributory causes of importance: 83a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Samuel R. Harwood, M. D.
(Address) Sullivan, Mo.

11.21

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOM-9-19-38 I X16605

MAY 24 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Floyd W. Olson, Registered Apprentice No. E. 1074, working under my personal supervision.

Signed J. B. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.